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TFW

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Post Office as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date:

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Name:

Lisa M. Davis

Signature:

Lisa M. Davis  
Clifford Chance US LLP

Docket No. 5677-208

Confirmation No. 3196

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No : 10/648,131  
Applicant : Kealey et al.  
Filed : August 26, 2003  
Title : METHOD FOR PRODUCING FAT AND/OR SOLIDS FROM  
BEANS AND COMPOSITIONS CONTAINING POLYPHENOLS

TC/A.U. : 1654  
Examiner : Christopher R. Tate

Docket No. : 5677-208

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is submitted in response to the Office Action mailed May 7, 2004. A response is due August 7, 2004.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Post Office as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: July 28, 2004

Name: Lisa M. Davis

Signature: *Lisa M. Davis*  
Clifford Chance US LLP

Docket No. 5677-208

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Kealey et al.

Filed: August 26, 2003

Group Art Unit: 1654

Serial No: 10/648,131

Examiner: Christopher R. Tate

For: METHOD FOR PRODUCING FAT AND/OR SOLIDS FROM BEANS  
AND COMPOSITIONS CONTAINING POLYPHENOLS

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a:

- ☐ Preliminary Amendment  
☒ Amendment

for the above identified application.

- ☐ A Petition for Extension of Time for the present application is also enclosed

**The fee has been calculated as shown below:**

	Claims Remaining After Amendment	Highest Number Previously Paid for	Extra Claims	Fee for each extra claim	Additional Fee
Total Claims	12	25	0	\$18	0.00
Independent Claims	1	2	0	\$86	0.00
First Presentation of Multiple dependent claim				+ \$290	0
<b>Sub-Total</b>					<b>\$0.00</b>
Small Entity?				less 50%	-0.00
<b>TOTAL FEE DUE FOR AMENDMENT</b>					<b>\$0.00</b>

☐ A check in the amount of \_ is enclosed

☒ The Commissioner is authorized to charge the total fee of \$0.00 to Deposit Account No. 50-0521. A duplicate copy of this sheet is enclosed.

Please charge any additional fees for this Amendment or credit any overpayments to Deposit Account No. 50-0521. A duplicate copy of this letter is enclosed.

Date: July 23, 2004

Respectfully submitted,

  
Margaret B. Kelley  
Reg. No. 29,181

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